

**MULTIPLE DEPENDENT CLAIM,
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/615,480

FILING DATE

7-8-03

CLAIMS

NUMBERED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23	/				73					
24	/				74					
25	/				75					
26	/				76					
27	/				77					
28	/				78					
29	/				79					
30	/				80					
31	/				81					
32	/				82					
33	/				83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	1	1	0	0	TOTAL IND.	1	1	0	0	0
TOTAL DEP.	10	10	0	0	TOTAL DEP.	10	10	0	0	0
TOTAL CLAIMS	11	11	0	0	TOTAL CLAIMS	11	11	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS